

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number **115-002**

First Named Inventor **TOWASEN**

COMPLETE IF KNOWN

Application Number **1**

Filing Date **2/23/02**

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Posture and Body Measuring System

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)

Country

Foreign Filing Date (MM/DD/YYYY)

Priority Not Claimed

Certified Copy Attached? YES NO

☐
☐
☐
☐
☐

☐
☐
☐
☐
☐

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)

Filing Date (MM/DD/YYYY)

60/271,090

2/23/01

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)
 Approved for use through 10/31/2002. OMB 0651-0032
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <u>26542</u>		OR <input type="checkbox"/> Correspondence address below	
Name <u>James M. Leas</u>			
Address <u>37 Butler Drive</u>			
City <u>S. Burlington</u>	State <u>VT</u>	ZIP <u>05403</u>	
Country <u>USA</u>	Telephone <u>802 864-1575</u>	Fax <u>802 864 9319</u>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <u>Christopher P.</u>		Family Name or Surname <u>TOWNSEND</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>2/23/02</u>	
Residence: City <u>SHELburne</u>	State <u>VT</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>2042 P. Box 86</u>			
City <u>BURLINGTON</u>	State <u>VT</u>	ZIP <u>05402-0086</u>	Country <u>USA</u>
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <u>STEVEN W.</u>		Family Name or Surname <u>ARMS</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>2/23/02</u>	
Residence: City <u>Williston</u>	State <u>VT</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>P.O. Box 86</u>			
City <u>BURLINGTON</u>	State <u>VT</u>	ZIP <u>05402-0086</u>	Country <u>USA</u>
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

Please type a plus sign (+) inside this box ➡ ☐

Approved for use through 6/30/99. OMB 0651-0035
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays
a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

Application Number	
Filing Date	
First Named Inventor	TOWNSEND
Group Art Unit	
Examiner Name	
Attorney Docket Number	115-002

I hereby appoint:

☒ Practitioners at Customer Number
OR

26542

Place Customer
Number Bar Code
Label here

☐ Practitioner(s) named below:

Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office concerning therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.
OR

<input type="checkbox"/> Firm or Individual Name	James Marc Leas				
Address	37 Butler Drive				
Address					
City	S. Burlington	State	VT	ZIP	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	CHRISTOPHER P. TOWNSEND
Signature	CP Townsend
Date	2/23/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/R1 (11-96)

Approved for use through 6/30/99. OMB 0651-0035
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, NOT ACCOMPANYING APPLICATION

Application Number
Filing Date
First Named Inventor
Group Art Unit
Examiner Name
Attorney Docket Number

Townsend

I hereby appoint:

☒ Practitioners at Customer Number

26542

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

James Marc Leas

Address

37 Butler Drive

Address

City

S. Burlington

State

VT

ZIP

05403

Country

USA

Telephone

802 864-1575

Fax

802 864-9319

I am the:

☒ Applicant.

☐

Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name

Steven W. Arms

Signature

Steven W. Arms

Date

23 ES 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.